

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000399

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 48

STATE FILE NUMBER

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Missouri		c. CITY OR TOWN St. Joseph, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2015 Howard Street		d. STREET ADDRESS (If outside, give location) 2015 Howard Street	
3. NAME OF DECEASED (Type or print) First BENJAMIN Middle JOSEPH Last PANKAU		4. DATE OF DEATH Month January Day 14 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (City and state or country) Easton, Missouri	
13a. FATHER'S NAME Joseph Pankau		14. NAME OF HUSBAND OR WIFE Chella B. Pankau	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-24-7674	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Carcinoma		INTERVAL BETWEEN ONSET AND DEATH diag. 7-7-62	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-7-61 to 1-14-62 and last saw her alive on 1-10-62 Death occurred at 2:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. J. H. Fuson		22b. ADDRESS MD St. Joseph, Mo.	
22c. DATE SIGNED 1-16-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 17, 1962	23c. NAME OF CEMETERY OR CREMATORY Clarksdale Cemetery	
23d. LOCATION (City, town, or county) Clarksdale, Missouri		23e. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 17, 1962	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Birch J. LeMay

Licensed Embalmer No. 4679

P. O. Address 51 Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.